

**Utah's Division of Child and Family Services**

# **Salt Lake Valley Region Report**

## **Qualitative Case Review Findings**

**Reviews Conducted**

**December 4-8, 2006**

**April 2-6, 2007**

*A Joint Report by  
The Child Welfare Policy and Practice Group  
And  
The Office of Services Review, Department of Human Services*

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June 1, 2007

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# I. Introduction

The Salt Lake Valley Region Qualitative Case Reviews for FY 2007 were held the weeks of December 4-8, 2006 and April 2-6, 2007. Reviewers representing the Child Welfare Policy and Practice Group, Office of Services Review, Division of Child and Family Services and community partners participated in the review. The Salt Lake Valley region achieved or exceeded the exit criteria this year by scoring 96% on Overall Child Status, 93% on Overall System Performance, and exceeding the 70% exit criteria on all six of the core indicators.

On Friday, March 30, 2007 the Office of Services Review and the Division of Child and Family Services were informed of a potential manipulation of the Qualitative Case Review (QCR). It was alleged that about a dozen cases out of the universe of several hundred potential cases had been transferred prior to the selection of cases for that review. The transfer could have excluded those cases from being selected as part of the QCR review. Based on the information that was known on March 30, 2007 and in consultation with the Plaintiffs' counsel, Defense counsel, and the Court Monitor (CWG), it was determined that even if the manipulation had taken place, the impact on the review would be minimal. The review went forward. Subsequent investigations by the Division of Child and Family Services (DCFS), the Court Monitor (CWG) and the Office of Services Review (OSR) confirmed that a manipulation to avoid the QCR process did take place on a small amount of cases involving a few employees, but that this practice was not widespread. After the final analysis, the impact on the QCR was, indeed, minimal. The Plaintiffs, Court Monitor, OSR, and DCFS worked together to set up procedures to help mitigate this type of manipulation from happening in the future.

## II. System Strengths

During the course of the review, many system strengths or assets were observed in individual case practice. The following list of strengths was identified by the reviewers during the preparation for the exit conference. Not all strengths were noted in every case. Nevertheless, each of these strengths contributed to improved and more consistent outcomes for specific children and families.

### **STRENGTHS:**

#### **Teaming**

- Granite School District is now paying for substitutes so that the teachers can attend team meetings.
- Judges are supportive of the team process.
- School counselors are more supportive of the team concept and have been more involved over the past few years.
- The team has control of the direction of the case.
- Teaming is done both formally and informally.
- Formalized agency staffings were held to process re-entry cases and plan transitions.

- Good coordination on a medical neglect case prevented the child from being removed from home.
- The team had a voice and initiated choices.
- The caseworker communicated with all team members.
- The extended family made permanency decisions in the best interest of the child.
- The biological family called the team meetings.
- The foster parents took an active role in advocating for the needs of the children.
- Four therapists worked in harmony to achieve reunification for a family.
- The team built informal supports to compensate in areas where the family had needs.
- The team worked with the family to have the child voluntarily placed with an extended family member.
- The team kept the biological father engaged in the case.
- The foster parents were very supportive of the birth family.

#### Plan Process and Implementation

- Peer parenting services were impressive, supportive and complimentary.
- In spite of severe medical needs, a way was found to maintain a child with his family.
- The worker communicated with the family in their primary language.
- The services matched the needs identified in the assessment.
- The family was allowed to address their issues on a voluntary basis which increased their determination and motivation to succeed.
- The child was kept connected to the biological family.
- The worker's extra effort resulted in obtaining grant money to continue therapy after the case closed.
- The intense needs of a disabled child were effectively met and managed.

#### Transitions

- The transition to a new worker was well coordinated.
- Careful attention to transitions led to reuniting a child with his father and siblings.
- There were good interactions between regions in a case transfer.
- Good transition planning resulted in the child being able to complete his education.
- There was good planning through the transition of terminating parental rights.

#### Tracking and Adaptation

- The worker changed providers when the provider was not willing to meet the needs of the child.
- There was a quick response to all issues and concerns that were raised in the case.
- The worker continued to follow the case beyond case closure.
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### **III. Stakeholder Observations**

The results of the QCRs should be considered within a broader context of local or regional interaction with community partners. The monitor and OSR staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies and DCFS staff. This year the Qualitative Case Reviews in the Salt Lake Valley Region were supported by focus groups with DCFS workers, DCFS supervisors, the DCFS Regional Director, resource families, a judge, a Guardian ad Litem, an Assistant Attorney General, a representative of Utah Youth Village, a representative from Christmas Box House, private providers, and a QI Committee.

The information from the stakeholder observations will be organized around the broad questions asked during the focus groups and interviews. Not everyone commented nor agreed upon the answer to every question. Where there appeared to be some consensus, their comments are noted. In order to provide some anonymity for the respondents their responses have been compiled into three groups: legal partners (assistant attorney general, guardian ad litem, and judge), community partners (Utah Youth Village, Christmas Box House, Utah Foster Care Foundation) and the Salt Lake Valley QI Committee. OSR did not participate in the groups held for caseworkers and supervisors, so their comments are not included in this report.

#### **Legal Partners**

##### Strengths

Caseworkers are better able to monitor providers. Caseworkers also seem to be more knowledgeable about services and interventions.

Caseworkers come to court well prepared about 80% of the time. Their documents are usually submitted to the court timely or early. Mentoring seems to be the key to workers learning to come to court well prepared.

Child and Family Team Meetings are going particularly well. Workers are holding them up front at the beginning of the case and laying a very positive groundwork for working the case.

##### Practice Improvement Opportunities

There is a lack of treatment facilities for parents with substance abuse issues, although Salt Lake Valley Region does have better resources than the other regions. Other resources that are very limited are foster homes (even for children ages 2 to 5) and housing for clients. The legal partners would also like to see more psychiatric residential treatment placements be made available since there is such a great need for them.

There are more families in the system that are non-English speaking. They need to be better served not just by providing interpreters, but by providing the services themselves in the family's native language. It is also difficult to get services for parents who do not have legal status.

Legal partners would like to see workers aligned with each judge. They would also like to see workers specialize in different areas that they have been specifically trained in such as a drug specialist, a sex offense specialist, a medical specialist, etc.

DCFS seems to be trying outside interventions first. They are not filing cases as often. When cases are filed they discover that there has been prior non-judicial intervention. Legal partners believe these cases may have been more successful if they had been filed with the court initially. DCFS seems to be backsliding some in this area. They are not intervening as early or as aggressively as they had been in the past.

Problematic cases seem to always be traced back to the same supervisors. These supervisors are recommending case closure although legal partners believe the child remains unsafe.

Judges take different approaches to permanency. Some believe in custody and guardianship, even for very young kids, while others seek adoption.

### Trends

Eighty percent of cases are related to methamphetamine use. It is difficult to address treatment needs and comply with the time frames of the Adoption and Safe Families Act.

Caseloads for judges, AAG's and Guardians ad Litem are all growing. They are feeling constantly overwhelmed. They are especially noticing an increase in the number of delinquency cases.

There is an increasing trend in which adoption does not achieve permanency for the child. Ten years after the adoption is finalized the kids are coming back into the system as teenagers. This is an alarming trend. Legal partners are seeing five or six of these disruptions every month.

### **Community Partners**

#### Strengths

There is improved caseworker training and workers are staying with the agency longer. Morale is up and workers are spirited.

Child and Family Team Meetings are very helpful. They have reduced the child's movement between homes. Stability is a lot better.

There is better partnering between community partners and DCFS and as a result kids are receiving better care.

Clinical consultants are being used so private providers are getting the kids they should be getting. The placements are appropriate.

#### Practice Improvement Opportunities

The rates paid to foster parents have not gone up in years and foster families are struggling. This has created a need for private pay homes.

It is difficult to access some medical services for kids, especially medication management.

The responsiveness of schools could be improved in some areas. Granite School District is great, Jordan School District is not so great, and rural areas struggle.

Providers are doing additional assessments that cost them money but they are not receiving financial support from the State.

#### Trends

They would like to focus more on preventive care.

#### **QI Committee**

##### Strengths

The committee has been looking at the system and how they work together currently.

The QI committee has looked at how to support workers and show them appreciation in lieu of raises.

The committee has done a lot of educating of hospital personnel after looking at the frequency of referrals from hospitals.

The committee has taken ownership and become a team and DCFS has been willing to hear the community voice.

##### Practice Improvement Opportunities

The committee wants to look at the flow of information. Where do their recommendations go and how can they as a committee track the results of their recommendations? They would like feedback on their suggestions.

The committee would like to see each regional chair sit on the State QI Committee so they could identify similar needs and issues.

The committee is working on identifying a role for each committee member.

## IV. Child and Family Status, System Performance, Analysis, Trends and Practice Improvement Needs












The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 22 key indicators (11 in each domain). Graphs presenting the overall, summative scores for each domain are presented below. Following the graphs of overall information, a graph showing the distribution of scores for each indicator within each of the two domains is presented. Later in this section brief comments regarding progress and examples from specific cases are provided.

### Child and Family Status Indicators

#### Overall Status

Salt Lake Region Child Status				FY02	FY03	FY04	FY05	FY06	FY07
	# of cases (+)	# of cases (-)							Current Scores
			Exit Criteria 85% on overall score						
Safety	70	2		97%	97%	94%	89%	94%	94%
Stability	47	23		73%	83%	56%	61%	61%	67%
Appropriateness of Placement	68	2		96%	99%	96%	94%	94%	97%
Prospect for Permanence	49	21		61%	77%	52%	59%	59%	70%
Health/Physical Well-being	69	1		99%	99%	93%	100%	100%	99%
Emotional/Behavioral Well-being	63	7		81%	87%	86%	83%	83%	90%
Learning Progress	64	6		77%	88%	90%	85%	85%	91%
Caregiver Functioning	48	1		100%	100%	98%	98%	98%	98%
Family Resourcefulness	25	11		51%	86%	58%	55%	55%	69%
Satisfaction	65	5		81%	91%	80%	89%	89%	93%
<b>Overall Score</b>	<b>69</b>	<b>3</b>		<b>89%</b>	<b>90%</b>	<b>88%</b>	<b>92%</b>	<b>92%</b>	<b>96%</b>
			0% 20% 40% 60% 80% 100%						

Note: One of the target children was AWOL at the time of the review and another target child could not be interviewed. Both cases had unacceptable scores on safety, and System Performance indicators were not scored. Hence, the total number of cases on most indicators is 70 rather than 72.

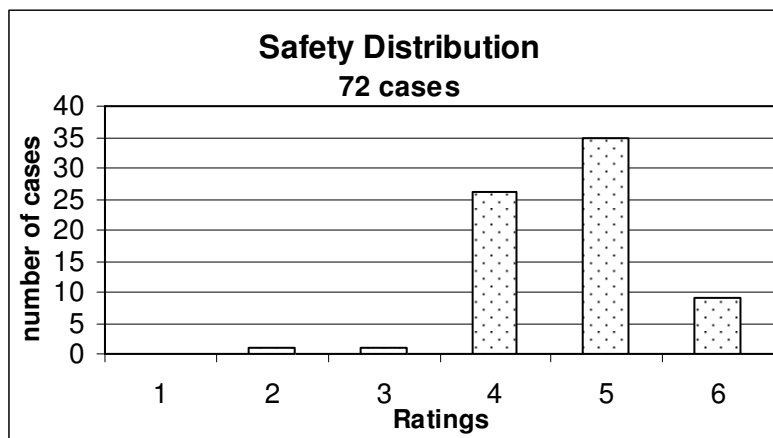


## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

**Findings:** 97% of cases reviewed were within the acceptable range (4-6). This is a slight increase from 94% last year. As the distribution shows, most of the children were not just minimally safe, they were substantially or optimally safe.

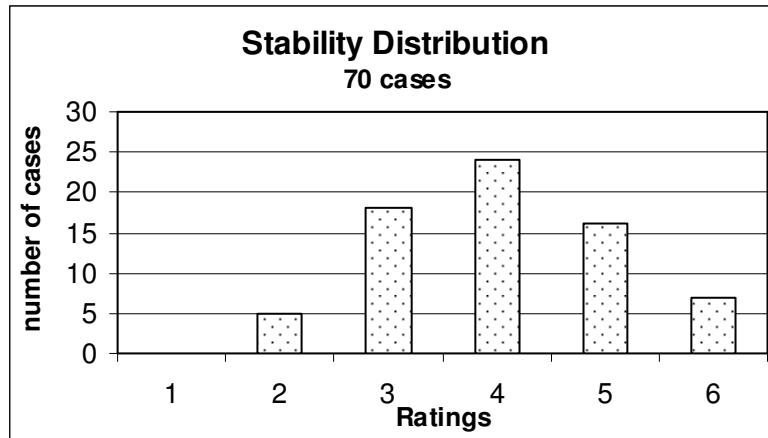
This year there were just two cases that received an unacceptable score on safety. On one of the cases the child was AWOL at the time of the review. On the other case the child was removed from his foster home just prior to the review due to allegations of inappropriate conduct. Due to the legal status of the case, the foster parents refusal to participate in the review, and therapeutic concerns about the effect an interview might have on the child, neither the child nor the foster parents were interviewed; however, there was enough evidence from other team members of the child's risk to others to score safety unacceptable.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

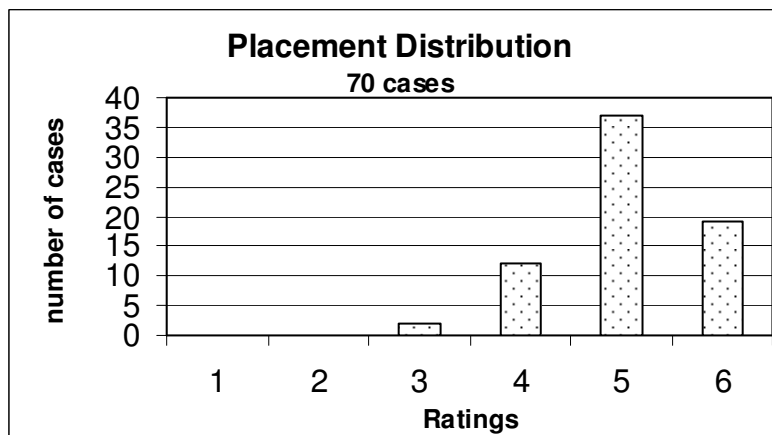
**Findings:** 67% of cases scored were in the acceptable range (4-6). This is up somewhat from 61% last year.



### Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, ability and peer group and consistent with the child's language and culture?

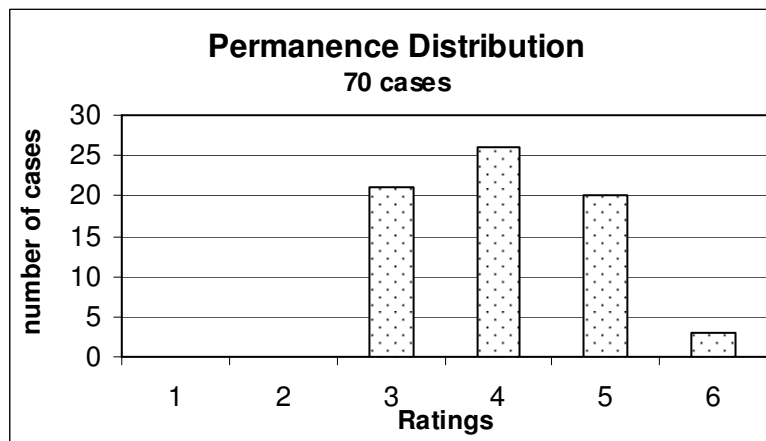
**Findings:** 97% of cases scored were in the acceptable range (4-6). This is an improvement over last year's already high score of 94%. Salt Lake Valley region has scored in the ninetieth percentile on this indicator since the inception of these reviews in FY2000. As the chart below indicates, most cases received a score of 5 or 6 on this indicator.



### Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in a safe, appropriate, permanent home?

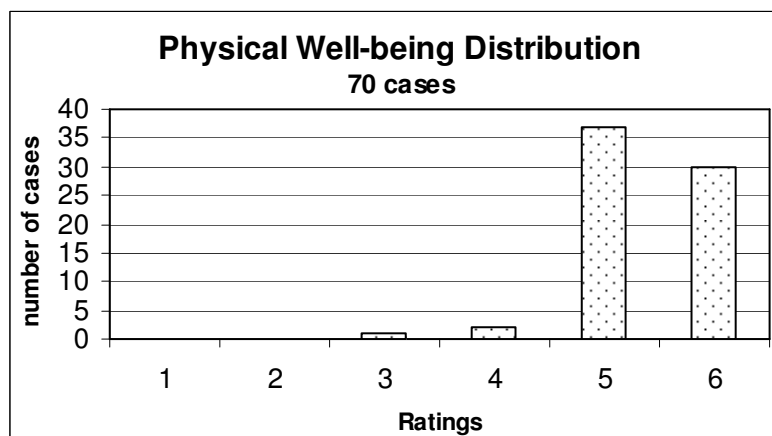
**Findings:** 70% of cases scored were within the acceptable range (4-6). This was a significant increase over last year's score of 59%.



### Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

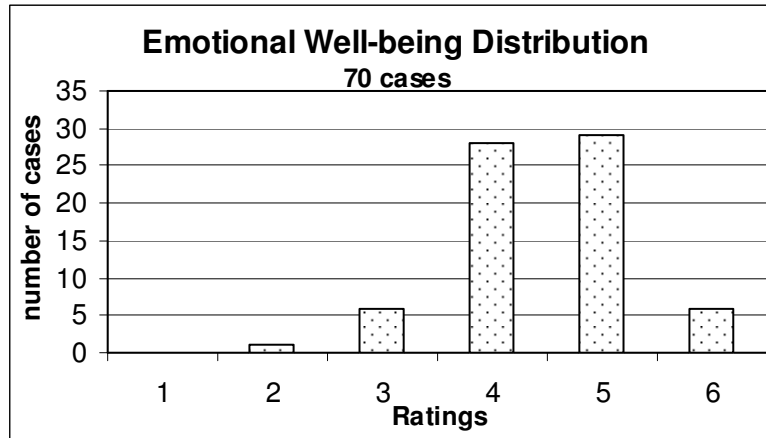
**Findings:** 99% of cases scored were within the acceptable range (4-6). Only one case received an unacceptable score. Of the cases that were scored acceptable, all but two received a score of 5 or 6.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well, emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 90% of cases scored were within the acceptable range (4-6). This is an improvement over last year's score of 83% on this indicator.

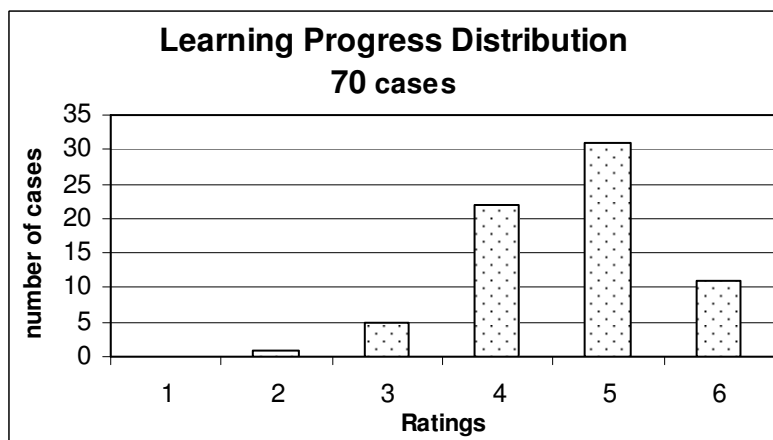


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/ her age and ability?

Note: There is a supplementary scale used with children under five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

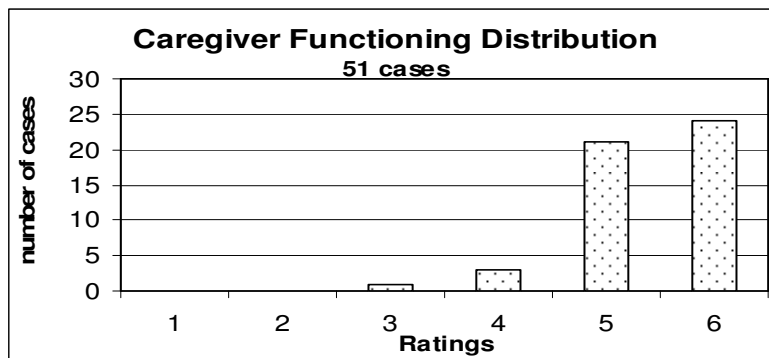
**Findings:** 91% of cases reviewed were within the acceptable range (4-6), which is a modest increase over last year's score of 85%. Most of the cases received a score of 5 or 6.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

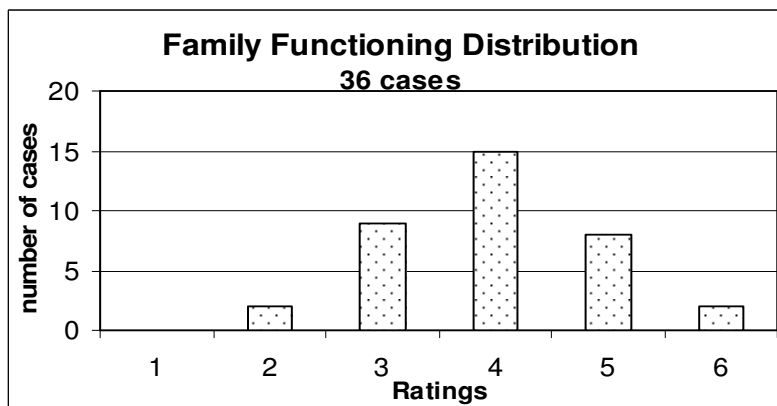
**Findings:** As with last year, 98% of cases reviewed were within the acceptable range (4-6), and in most cases the child was receiving substantially adequate or optimal care giving.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

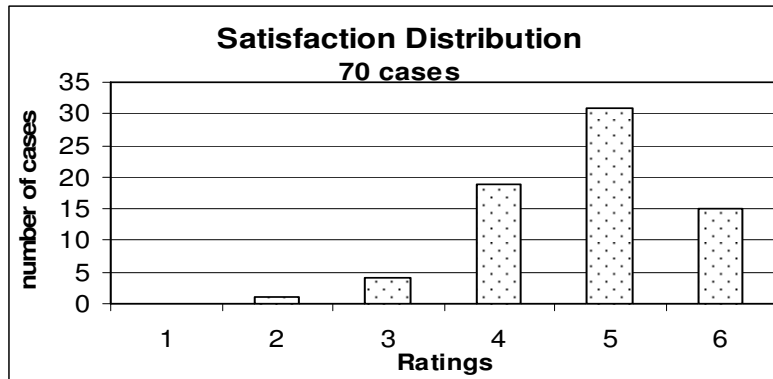
**Findings:** 69% of the cases that were scored on this indicator were within the acceptable range (4-6). This was a significant increase over last year's score of 55%.



## Satisfaction

**Summative Question:** Are the child and primary caregiver satisfied with the supports and services they are receiving?

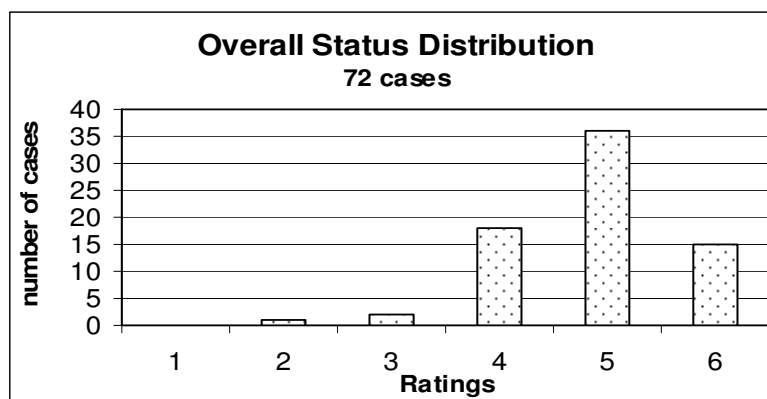
**Findings:** 93% of cases reviewed were within the acceptable range (4-6), an increase over last year's already high score of 89%.



## Overall Child and Family Status













**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale detailed above. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump,” so the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

**Findings:** 96% of cases reviewed were within the acceptable range (4-6). Only three cases had unacceptable overall Child Status, and two of these were due to unacceptable scores on safety.



## System Performance Indicators

### Overall System

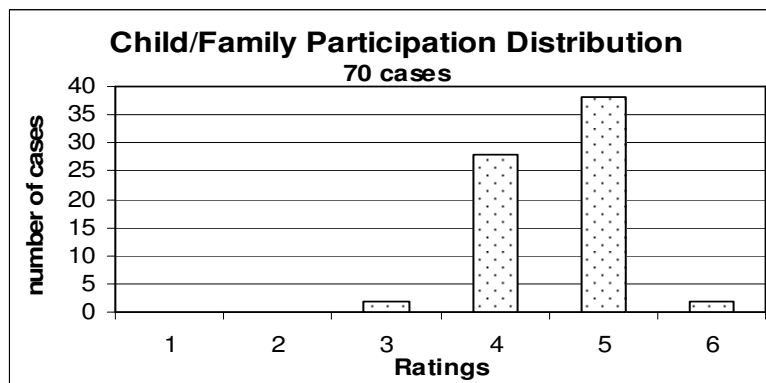
Salt Lake Region System Performance - Combined									
	# of cases (+)	# of cases (-)	Exit Criteria 70% on <b>Shaded</b> indicators		FY03	FY04	FY05	FY06	FY07
			Exit Criteria 85% on overall score						<b>Current Scores</b>
Child & Family Team/Coordination	61	9		87%	54%	78%	80%	75%	<b>87%</b>
Child and Family Assessment	55	15		79%	54%	71%	52%	69%	<b>79%</b>
Long-term View	51	19		73%	41%	70%	54%	56%	<b>73%</b>
Child & Family Planning Process	65	5		93%	60%	75%	72%	68%	<b>93%</b>
Plan Implementation	62	8		89%	71%	87%	86%	79%	<b>89%</b>
Tracking & Adaptation	61	9		87%	57%	83%	77%	75%	<b>87%</b>
Child & Family Participation	68	2		97%	62%	78%	80%	80%	<b>97%</b>
Formal/Informal Supports	65	5		93%	83%	94%	94%	80%	<b>93%</b>
Successful Transitions	55	12		82%	64%	81%	68%	70%	<b>82%</b>
Effective Results	62	8		89%	73%	88%	82%	82%	<b>89%</b>
Caregiver Support	48	1		98%	98%	98%	92%	94%	<b>98%</b>
<b>Overall Score</b>	65	5		93%	<b>59%</b>	<b>86%</b>	<b>83%</b>	<b>76%</b>	<b>93%</b>
			0% 20% 40% 60% 80% 100%						

Note: One of the target children was AWOL at the time of the review and another target child could not be interviewed. These cases were not scored on any System Performance indicators. For that reason the total number of cases on most indicators is 70 rather than the usual 72.

### Child/Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

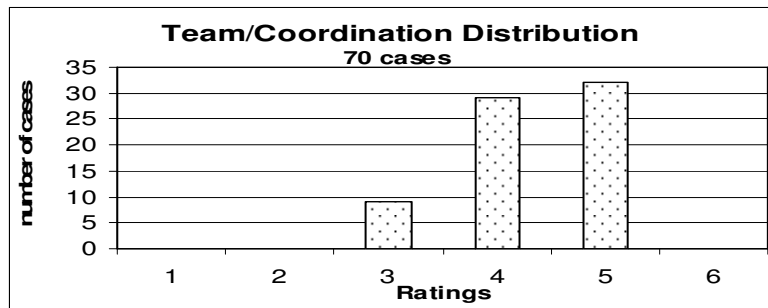
**Findings:** 97% of cases scored were within the acceptable range (4-6). This was a remarkably high score and a substantial increase over last year's score of 80%.



## Child/Family Team and Team Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of service across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

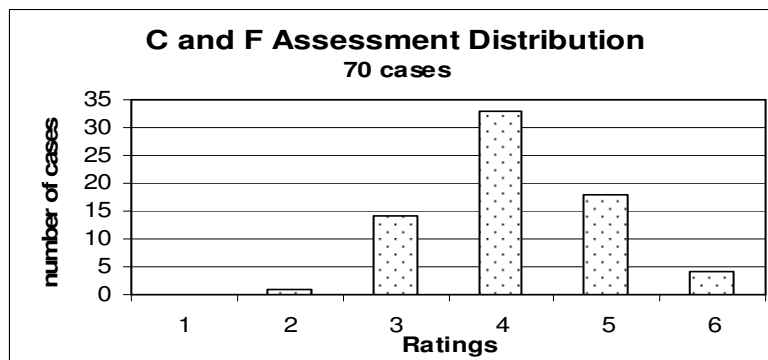
**Findings:** 87% of cases reviewed were within the acceptable range (4-6). This is a significant improvement from last year's score of 75%.



## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

**Findings:** 79% of cases reviewed were within the acceptable range (4-6). This is an increase of 10 percentage points over last year's score of 69%, and it is the highest score the region has achieved on this indicator to date.

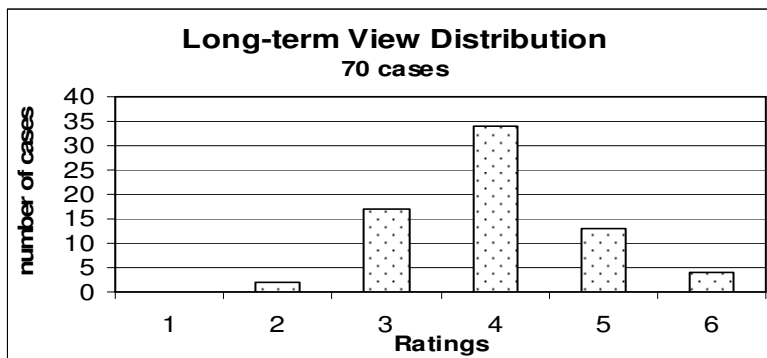




## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely without supervision from child welfare? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

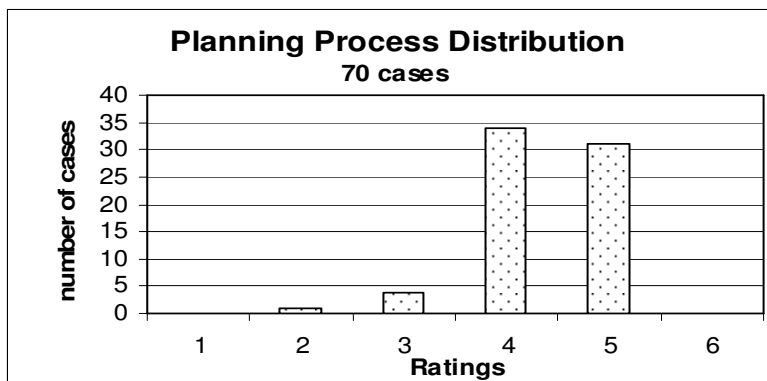
**Findings:** The region achieved a score of 73% on this indicator. This is a substantial increase over the 56% they scored last year, and it is the highest score they have achieved on this indicator to date.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

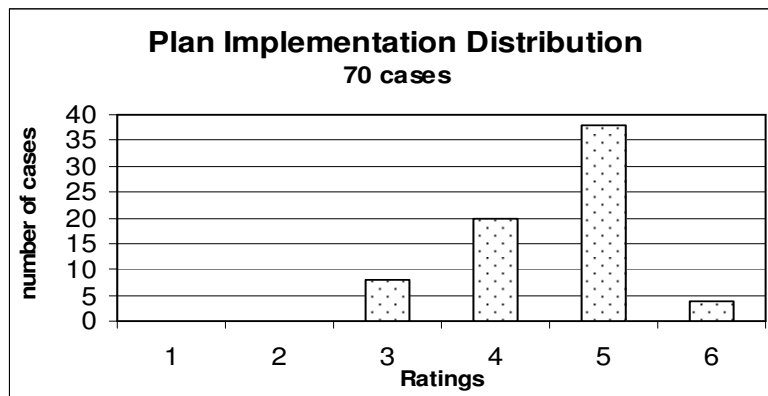
**Findings:** 93% of cases reviewed were within the acceptable range (4-6). This is a substantial increase over last year's score of 68%, and it is the highest score the region has achieved on this indicator to date.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the service plan for the child and family, 1) being implemented as planned, 2) delivered in a timely manner and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the Child and Family Plan?

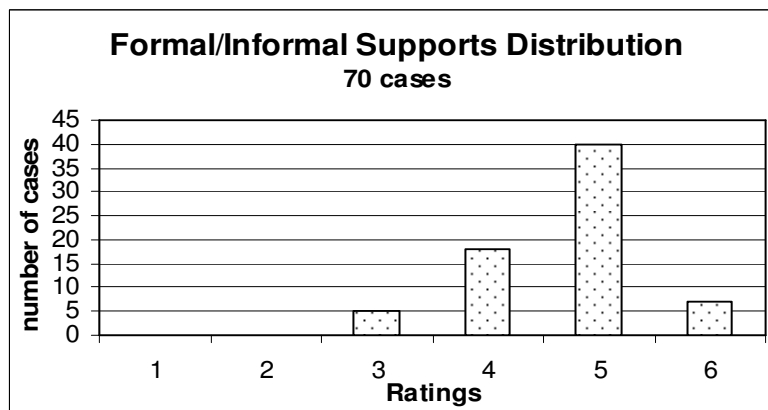
**Findings:** 89% of cases reviewed were within the acceptable range (4-6). This is a ten percentage point increase over last year's score of 79%. It is also the highest score the region has ever achieved on this indicator.



## Formal/Informal Supports

**Summative Questions:** Is the available array of school, home and community supports and services provided adequate to assist the child and caregiver reach levels of functioning necessary for the child to make developmental and academic progress commensurate with age and ability?

**Findings:** 93% of cases reviewed were within the acceptable range (4-6). This is a substantial increase over last year's score of 80%.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

**Findings:** 82% of cases reviewed were within the acceptable range (4-6), which was a substantial improvement over last year's score of 70%.

## Effective Results

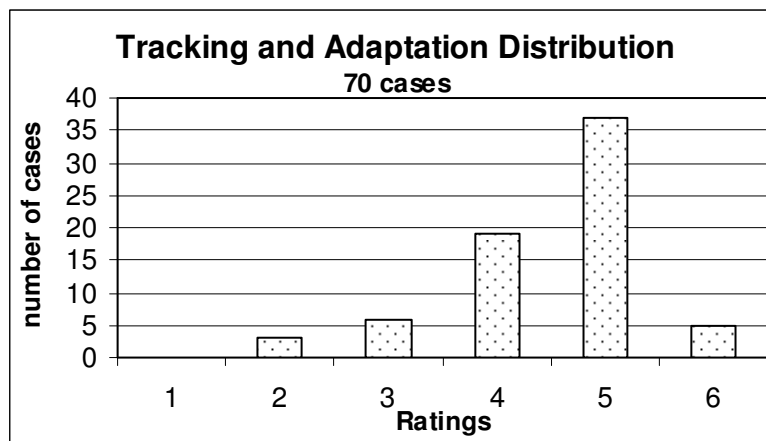
**Summative Questions:** Are planned education, therapies, services and supports resulting in improved functioning and achievement of desired outcomes for the child and caregiver that will enable the child to live in an enduring home without agency oversight?

**Findings:** 89% of cases reviewed were within the acceptable range (4-6). This was an increase over last year's score of 82%.

## Tracking and Adaptation

**Summative Questions:** Are the child and caregiver's status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and caregiver and to apply knowledge gained about service efforts and results to create a self-correcting service process?

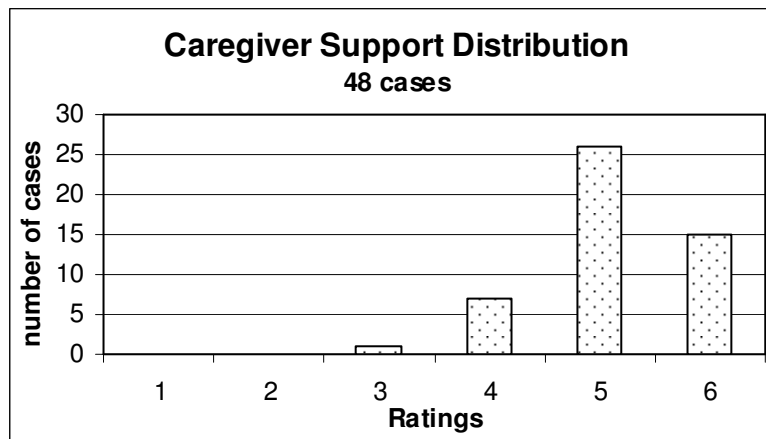
**Findings:** 87% of cases reviewed were within the acceptable range (4-6). This was a significant increase over last year's score of 75%, and it was the highest score the region has achieved so far on this core indicator.



## Caregiver Support

**Summative Questions:** Are substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or caregiving functions for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

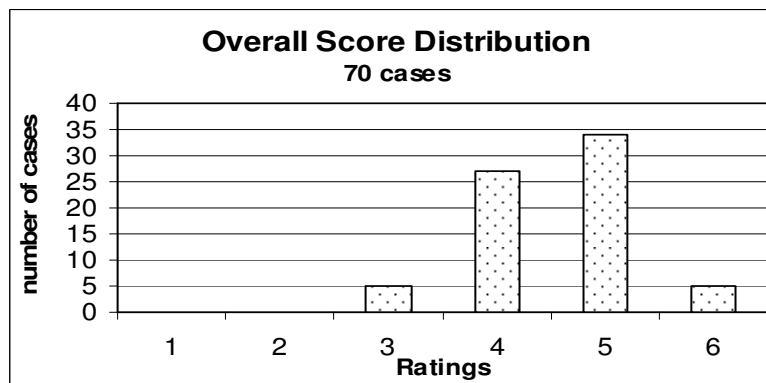
**Findings:** 98% of cases reviewed were in the acceptable range (4-6). This was a modest increase over last year's already high score of 94%.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

**Findings:** 93% of cases reviewed were within the acceptable range (4-6). This is a remarkable increase over the 76% score the region received in each of the last two years. This is the highest score on Overall System Performance that the region has achieved to date.



## Status Forecast

An additional measure of case status is the prognosis by the reviewer of the child and family's likely status in six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver is the child and family's overall status likely to improve, stay about the same or decline over the next six months? Take into account any important transitions that are likely to occur during this time period." Of the cases reviewed, 49 were expected to improve, 18 were expected to continue as they were, and five were projected to decline.

## Outcome Matrix

The display below presents a matrix analysis of the results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

Obviously, the most desirable result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient and resourceful children and families or children and families who have some "champion" or advocate who protects them from the shortcomings of the system. Unfortunately there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The current outcome matrix represents a good level of positive outcomes. Sixty-five cases had positive outcomes for both the child and the system, only one case had negative outcomes for both the child and the system, and four cases had a positive out come for the child but unacceptable results for the system.

	<b>Favorable Status of Child Outcome 1</b>	<b>Unfavorable Status of Child Outcome 2</b>	
<b>Acceptable System Performance</b>	Good status for the child, agency services presently acceptable.  n= 65  93%	Poor status for the child,  agency services minimally acceptable but limited in reach or efficacy.  n= 0  0%	<b>Total</b>      <b>93%</b>
<b>Unacceptable System Performance</b>	<b>Outcome 3</b> Good status for the child, agency mixed or presently unacceptable.  n= 4  6%	<b>Outcome 4</b> Poor status for the child, agency presently unacceptable.  n= 1  1%	      7% <b>7%</b>
	<b>Total 99%</b>	<b>1%</b>	<b>100%</b>

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Salt Lake Valley Region, the reviewers produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the case worker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review and to the Monitor for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level only selected indicators are discussed below.

### **Child and Family Status**

#### **Safety**

Child safety is a key factor in child welfare. It scored 97%, which is up from the previous year of 94%. In cases with acceptable safety scores children were found to be safe from others and themselves and they were not a risk to others.

In those cases where a safety concern was identified prior to the review, a plan was developed to manage the safety risks. Those plans included the at risk child and others in the implementation to increase the safety level. A good example of a well developed safety plan that was working is illustrated in the following case story excerpt:

*“... the issues related to the focus child’s reactive behavior have not been totally resolved. The child does not appear to be a risk to others due to a well enforced safety plan that has been carried out by a strong team that is working with the child and working supportively with each other. Once his behavior became known the team responded quickly by gathering the key participants/partners and setting a safety plan in place. The caseworker, therapists, school personnel and foster parents determined the child would have to be in the “line of sight” of an adult at all times. Since the latter part of September 2006 this plan has been in effect and has worked well.*

*... Each team member expressed confidence that the child was safe in his home and school environment. They also stated the extensive work that is being done with coordinating services including the safety plan protects others as well.”*

In the two cases that received unacceptable scores on safety, the children had put themselves at risk or put others at risk; others were not posing a safety risk for them. In both cases there was a lack of sharing of information to identify the needs of the child and the family involved in the

cases, illustrating the crucial link between assessment and safety. In one case the record contained information about the child and his risk to others that was not shared with critical team members. In the second case, the parents did not provide information to the worker or the team of the regression in the child's behavior. The following two excerpts are from the two cases:

*Case 1: "As we interviewed the team it was apparent to us that neither the therapist, the director of the proctor agency nor the Guardian Ad Litem were aware of the suicide attempts or [the target child's] admissions of perpetration."*

*Case 2: "When custody was returned to the parents, the therapy and tracking services were reduced, and the responsibility for keeping in touch with her parents was entirely on [the target child]. She apparently was not ready for this and still needed some external accountability. It is concerning that [the parents] did not disclose to the agency that she was slipping in her behavior, as this would have given DCFS the opportunity to put protections and accountability back into place. During this episode of running, the parents seemed to think they were on their own again and did not look to DCFS for support."*

*The parents struggled alone for many years before asking for help, and they expressed to reviewers their frustration over the past few years trying to get help from post-adoption services. . . . They have also been disappointed in the lack of information given them by the agency about [the child] . . . and her more recent diagnoses and needs. . . ."*

### **Stability**

Stability is another important indicator in the child welfare system. It is an indicator that looks at the number and length of physical placements and their corresponding effects on relationships with key individuals that are providing services or care. The region had a slight improvement from last year, advancing their score from 61% to 67%. A number of factors contributed to the substantial and optimal stability of a child. In many of the cases with acceptable scores, the child was living at home with their biological parents. In an equal number of cases, the child was living in an adoptive home. In the cases where the child was not living at home or in an adoptive placement, the foster parent was described as committed to the child until the child reached maturity. In addition, there were good, strong connections that had been built between the child and the foster parents. The region had also done a nice job of matching children to placements in these cases and had looked for cultural similarities.

The following excerpts illustrate these different factors:

*Case 1: "[The target child] has been in the same home for nearly seven years. The professional parents have stated that he can be in their home for as long as he wants. . . ."*

*Case 2: "[The target child] is placed in a very stable setting and appropriate home placement that has been maintained now for one year. Like [the child], his current proctor mother is of Hispanic decent and has a strong nurturing relationship with [the child]. She and the proctor father appear to have provided attachment and security for [the target child]. He has also been*

*able to attend the same middle school with the same resource teacher for three years, and will be living close to his high school for next year. . . .”*

Among the cases where the stability indicator was unacceptable, there were only two home based cases. The rest were foster care cases with various goals of adoption, reunification and individualized permanency. The causes of disruptions were similar across the various goals. A large portion of the cases had to do with disruptions caused by the identified target child’s actions that resulted in a change of placement. Three fourths of the unacceptable stability scores were for children who were 12 or over. There were also a large number of cases where there were elevated risks of disruption within the next year.

An excerpt from a case story is representative of the cases with unacceptable scores.

*“At this point, [target child’s, age 17] foster care placement history and current situation does not meet an acceptable level of STABILITY. . . . She has been in three different placements in the last six months. [The child’s] current placement also impacts stability in that most team members do not have a strong opinion that this placement will endure until [the child] turns 18. There is consensus among all the team members that [the child’s] current placement is the best foster care placement she has been in. [The child’s] perception is that she will do what it takes to make the placement work and not disrupt. She is currently doing good in the placement. In reviewing [the child’s] placement history, there seems to be a pattern which indicates that she initially does well in the placement for a period and then things can deteriorate rapidly and the placement disrupts. All team members are making efforts to help successfully maintain the current placement, but there are still some significant doubts from key team members . . .”*

### **Prospects for Permanence**

Prospects for Permanence is one of the most important status indicators. It focuses on children and their sense of belonging, stability and family. It looks at relationships that children have to biological family or other caregivers and the implementation of plans to develop those relationships. The region made a substantial increase from 59% last year to 70% this year.

In a majority of the cases that received substantially acceptable scores on permanency, the child was either adopted or was in an adoptive home and finalization of the adoption was imminent. In some of the adoption cases, the adoptive parents were relatives. In one case the child was placed with a family as a guardianship placement. In the other cases the child was living with the biological family and the family was completing or had completed their plan and was functioning at an acceptable level to provide safety for the child.

Case excerpts from cases with acceptable scores:

Case 1:

*“In this case there is an adoption in the imminent future; however, it has not occurred at this time. The foster/adoptive parents are very dedicated to providing for [the target child] and are*



*excited to take on the responsibilities as her legal parents. The foster/adoptive parents and the caseworker are confident that this will be [the child's] home until she reaches maturity."*

Case 2:

*"The team is confident that this placement will be a permanent placement for the children and will provide positive stability and safety. Mother is determined and has shown herself to be committed and consistent in meeting the objectives for retaining her children and providing appropriately for their future safety."*

OSR looked at the effect that case type, age of the child, and various permanency goals had on permanency. As far as the effect of case type, of the fifteen cases that were in-home cases there was only one that was scored unacceptable. The score was due to the child's behavior and the parents' difficulty in knowing how to manage the child. As far as the effect the child's age had on the case, 86% of the unacceptable cases were children age 12 and older.

Finally, OSR looked at the permanency data after sorting it by permanency goal. The permanency goals and the number of cases with the respective goal is captured in the table below.

Goal	# Acceptable Scores	# Unacceptable Scores	Total
Adoption	17	5	22
Remain Home	13	1	14
Reunification	10	7	17
Guardianship	2	0	2
Indiv. Permanency (not Independent Living)	2	7	15
Indiv. Perm (Independent Living)	5	1	
	49	21	70

Of the 22 cases with the goal of Adoption, five cases received unacceptable scores. The reviewers cited various reasons for the unacceptable scores. In one case the child had recently been moved to a placement that the team hoped would be a long term placement, but it is too soon to have evidence that it will endure. In another the child was resistant to adoption due to her life experiences with loss and the pain that brought her. In three cases the child was in a temporary placement and an adoptive placement had not yet been identified.

The main reason for unacceptable ratings in cases where the goal was reunification was that the children's parents were not functioning at a level sufficient for the children to return home.

The region was especially interested in outcomes for cases with individualized permanency goals where the child was working toward independent living. Of the 15 cases that had the goal of Individualized Permanency, six were working toward independent living and nine were not. The results for the six children who were working toward independent living were as follows. There

was one case that scored substantially acceptable. This was due to the readiness of the child to live on her own. The child was moving into her own apartment prior to the end of the review week. There were four other cases that received acceptable scores. In these four cases each child was in the process of developing skills necessary for them to live on their own and it was a realistic goal for each of them, but they had not moved out on their own. Each child had also established some enduring relationships. There was one case that was scored unacceptable. In this case the child had not begun to work or develop skills necessary to live independently.

The following excerpts are from among these cases.

Case 1:

*“The team’s plan is to help [the target child] get into a position where she is able to provide for herself and maintain her own living arrangements. The plan is realistic and achievable and specific steps are occurring to help her move towards achieving that goal. Some specific things that are currently happening that would suggest a positive expectation for independent living include [the child] completing the Transition to Adult Living (TAL) classes, maintaining and doing well at a job for an extended period, having a bank account, doing well in school and working towards graduating early. [The child] has also demonstrated that she can be assertive and proactive by doing things such as helping manage her own health care, appointments, etc. [The child] does continue to maintain some enduring relationships that are expected to continue into adulthood . . .”*

Case 2:

*“The plan is for [the target child] to move into independent living. At this time she is not ready. She still has to complete the independent living classes, find work and reach greater maturity. Once she has reached those milestones, her permanency would be greater which would of course increase her permanency score.”*

Of the 15 cases that had the goal of Individualized Permanency, cases working toward independent living scored substantially better than those that were not working toward independent living. Five out of six cases that were working toward independent living received acceptable scores on permanency, while only two out of nine of the non-independent living cases received acceptable scores.

In the cases of children with individualized permanency goals who were not pursuing Independent Living, the reasons for unacceptable scores varied. In three cases the child’s level of functioning presented a challenge for obtaining permanency. In two cases the team did not have a consensus as to what was the best plan for the particular child. In another case the team thought the child was in a good placement but the child had her own plan to live on her own, and in another it was questionable whether the relationship with the foster parents would endure.

The following excerpt is from one of the cases that received an unacceptable score.

*“[The target child] has no viable family to give him support and to look to for future placement. [The child] has done very poorly in foster home placements regardless of the level of experience,*

*training and supports. It is thought that [the child] will remain in the State Hospital for at least six more months. However, the question remains, Where will [the child] be placed for permanency once he leaves the hospital and once he turns eighteen? Although the plan for permanency is for [the child] to be in a well staffed mental health living situation with around-the-clock staff, permanency does not appear to be in easy reach for this child. There are a number of very serious concerns that will need to be addressed before [the child] can function within a community. Currently [the child's] behavior is extremely unpredictable when he is out in the community. The treatment team does not think that [the child] is safe for an outing in the community and has confined him to the State Hospital grounds. . . ."*

### **Family Functioning and Resourcefulness**

Family Functioning and Resourcefulness is a core status indicator that went up from 55% to 69%, which is a substantial increase. This indicator evaluates a family's ability to take control of their own situation and issues. It is specific to cases where the goal is to reunify the child with the parent(s) or the goal is to keep the child in the home. Fifty percent of the cases were evaluated for this indicator.

In cases where the indicator was substantially acceptable or better, the family was described as having taken control of their situation and being proactive in obtaining services and supports.

Case excerpt:

*"... [The mother] has recently taken strong control of her family's situation. She is currently enrolled in a job training program . . . which she feels will provide well for her family economically in the future. She has her own apartment but lives close to her parents and they are fully supportive of her goals and her care of the children... We visited [the maternal grandmother] . . . and found her household to be a comfortable, supportive home for [the mother] and all other family members. [The mother's] sister provides day care for [the target child] and [his sibling] each day in her home and receives financial assistance from [the mother's] TANF program . . . [The mother] has met her neighbors and has participated in some activities with the [other] mothers and their children in her area. She is meeting new friends in her automotive job training program and seems to enjoy this social contact. She keeps in contact with many of her friends from high school who also now have small children. She reported that they often plan outings together."*

There were several reasons given for cases that received unacceptable scores on this indicator. In a few cases, the parents were not internalizing concepts and skills learned through services provided to help the parents function at an acceptable level. In some cases the parents were resistant to services due to a lack of trust with the child welfare agency or an unwillingness to admit their child was abused by their spouse. In a few cases the parents were receiving services but they were not yet at a level of functioning where they could begin to take control of their own needs or insure safety and stability for their child.

Case excerpt:

*“Many of the issues with this case revolve around the mother and her ability to reunify the family. She continues in individual therapy and is in peer parent classes. She has also begun working with [the target child] and her therapist in joint therapy. Many of the team members reported their belief that the mother appears to be going through the motions just to get her daughter back, but not internalizing a strong understanding of the life changes she needs to make to sustain a return home. At this moment the best that can be said is that the team members are hopeful that reunification will work. For example, when the reviewers talked with the mother she indicated that she doesn’t think therapy works, doesn’t want to do it and is doing it because the court ordered it. The peer parent indicated that she does well when she is being observed, but she has reservations about how she does when she is gone. Another couple of examples include the mother being around teenagers when specifically and formally ordered by the court not to do so. Another potential issue around permanence is a recent charge of the mother giving alcohol and cigarettes to minors. She plans on fighting the charge, but if found guilty several of the team members felt that given her history of non-court compliance that this could have serious consequences for reunification. [The child’s] mother does express love for her daughter and claims to want to protect and supervise her appropriately. . . .”*

*“The mother still appears to be in a victim role, saying it’s “not my fault.” She doesn’t believe therapy is helpful. She can’t understand why the judge ordered her not to have contact or be friends with teenagers (which has the effect of isolating her from those she considers to be her supports). In a recent incident the court ordered her not to have contact with teenagers, yet she brought a teenager with her to court. Just recently she brought [the target child’s] sister to a dentist appointment for [the target child] in spite of a court order that [the target child] and her sister are not to have contact. This and the strained family relationships have left this family very isolated. They don’t appear to have any ties to social or faith-based groups. They just moved into a new neighborhood and relationships with neighbors still need to be developed. Informal supports would appear to be a critical element for the success of long-term reunification efforts.”*

## **System Performance**

### **Child and Family Team/Coordination**

The use of child and family teams is foundational to success in many other areas of system performance such as assessment and planning. The score on this key indicator of system performance soared to 87% this year after scoring 75% the past two years.

In addition to laying the foundation for case practice, teaming remains a critical component of practice as the case moves forward, and can play a key roll in determining whether or not parents complete their plans. The following is just one example of how effective teaming and coordination can foster parental success when parents feel overwhelmed by the requirements of their Child and Family Plan.

*Mother and her family felt they had a voice in the teaming process. Both grandma and mother complimented the fact that the team was responsive to their needs. An example of this was related to mother feeling overwhelmed. She expressed that she could not comply with all of the expectations at once. The team decided that her finishing her GED was the lowest priority and the expectation for completion of that was lessened. The planning included mother and her family.*

In one of the few stories where teaming received an unacceptable score, it was primarily due to the gap in teaming that occurred. The following example illustrates why it is important not only to implement teaming early in the case, but to continue it throughout the course of the case.

*The importance of child and family participation and teaming appeared to be based on whether [mother] was involved. When she broke off contact, team meetings were no longer held, and there was a gap from November 30 (when there was a meeting involving DCFS staff and [mother]) to February 26 when the meeting was held involving the foster parents and the grandparents regarding the change in goal. Until this point, during the placement with the foster parents, there had been no team meetings and there had been no visits between the grandparents and the children. The partnership that could have continued to be built with the grandparents as a resource for the foster parents and the children as both families continued to focus on the planning together did not happen. Although the foster parents are now considering whether or not they will allow contact if the adoption goes forward, and the grandparents are trying to assure that they will continue to have contact, these negotiations are occurring on the basis of a fragile beginning relationship rather than an established one.*

A score of 87% on this indicator speaks highly of the region's practice in the area of teaming. There were only nine cases that received unacceptable scores on teaming. Some of the things reviewers saw that led to the unacceptable scores included some team member having important pieces of information that others did not have, lack of participation by key team members, a team wasn't pulled together until just prior to the review, team meetings looked more like professional staffings, and clients feeling they didn't have a voice and were just told what to do.

### **Child and Family Assessment**

The child and family assessment indicator rose from 69% last year to 79% in the current review. The following example illustrates how formal assessments provided the information that led to a good match between needs and services that eventually led to a change in the child's behaviors and how the child responds to challenges.

*Much of [the child's] success to this point can be attributed to prior assessments resulting in identified needs and services that have been provided. There were a number of mental health diagnoses that have been addressed through therapy and other services. For example, earlier in the case at this proctor home, [the child] snuck out to be with her boyfriend. She was caught and she was afraid so she called her caseworker. Her caseworker informed her that she needed to talk with the provider about what she had done and discuss the consequence for what she had done. The team stated that at one time she would have become explosive and she would not have talked things out. In this case she did; a skill she learned through her therapy work. It was also said she would have run, but instead she faced the consequence and remained in her placement.*

One story drew attention to the importance of assessing the relationship between parent and child and the parent's influence on the child's behavior. Inattention to these dynamics raised concerns for the reviewers as well as team members and led to an unacceptable score.

*The father's history of domestic violence and his status as an untreated, un-rehabilitated, child sex offender has not been explicitly addressed in terms of his effect on [the target child](past and present). The father's world-view/values/beliefs can reasonably be considered to have been an influence on [the target child] over the years and, of immediate relevance, remains an active force/influence on [the target child]. This has not been actively assessed (including by experts in domestic violence and sex offender/victim treatment) nor planned for by the Team. At least two Team members have significant concerns about the contact between [the target child]and his father vis-à-vis the father's values about power/control and dominance, and what it means to be a man (who is in charge, etc.) and one sees a correlation between when [the target child]sees his father more often and [the target child]behaving poorly. Bringing these factors more actively into the Team assessing and planning is likely to shed much light on underlying issues for [the target child]and how best to work with him.*

*There may be benefits to [the target child] having contact with his father, though given the father's history of perpetrating physical, emotional, and sexual abuse these benefits are not apparent. Indeed, there may be untoward effects on [the target child's] still developing world view, values/beliefs, and sense of self. This remains an under assessed area and a better understanding by the Team of [the target child's] needs regarding a relationship with his father would be an important component of assisting [the target child] in living an emotionally and socially healthful life.*

Although the region scored well on Child and Family Assessment, there were still 15 cases that received unacceptable scores. Some of the reasons for these scores included a lack of evaluation of family dynamics and relationships, difficulty getting formal assessments on parents, lack of assessment of children's educational, medical or emotional needs, or lack of using information that was available; lack of assessment of the foster parents capacities and needs, and lack of sharing of information among team members.

### **Long-term View**

The long-term view indicator soared from 56% last year to 73% in the current review. This is a remarkable improvement in an indicator that has traditionally been difficult for regions to master. One story described the lengths a worker went to in order to support an adoption beyond finalization of the adoption and case closure.

*The foster family plans to move [out of state]once the adoption is final, probably sometime during the summer. The team has already begun to work on this transition. The worker has put together a comprehensive packet of information regarding services and agencies that could be potential resources for the family in [their new location]. There have been discussions among the team as to how to prepare for the separation the child will experience from his older brother. There have been commitments made that the two will have at least semi-annual reunions, frequent phone calls to each other, email, and one even suggested providing a video cam to place on each family's computer.*

An example of the important link between Long-term View and Permanency was apparent in one case where the team had not yet agreed on a path to permanency for the child. Without the shared vision of where the child was headed, there was not an acceptable Long-term View.

*It appeared that team members had different views of what [the child's] long term view actually is. They understood that his permanency goal was "individualized permanency" but could not give a clear and consistent description of what that actually meant for [the child]. [The child] had stated that he would like to go live with his father, but team members were unclear as to*

*whether this was a viable possibility or not. Also, [the child] felt like living with his father was what he was working towards while his caseworker stated that it was independent living and an apartment of his own. The entire team would benefit from a clearer understanding of what [the child's] long term view is.*

The region exceeded the exit criteria on this review and achieved a respectable score of 73%. Nonetheless there were 19 cases that received unacceptable scores so there is still some room for improvement. Reviewers cited lack of clarity among team members on long term direction, team members having different permanency goals, no common planning direction, and lack of assessment of what it would take to sustain success as reasons for these unacceptable scores.

### **Child and Family Planning Process**

The region achieved a phenomenal increase of 25 percentage points on this indicator (from 68% to 93%). Out of the 72 cases reviewed, only five received an unacceptable score. One case was a particularly good example of a worker getting input from key team members prior to writing the plan. This led to services that were well matched to the child's needs.

*The child and family planning process has been substantially acceptable on this case since the beginning. The PFP worker addressed all of the needs and once the PSS case was opened the outside therapist for the parents was involved. He praised the DCFS workers for allowing him to have input in the service planning and the therapy was tailor-made to deal with all of the needs that were identified. The PSS Service Plan also addressed the circumstances and situation in the kinship placement and was adapted to the changes in school placement and visitation.*

As for the five cases with the unacceptable scores, there were two recurrent reasons for the inadequate planning. The first is that the plan addressed the needs of the child but overlooked important needs of the mother. The other was that inadequate sharing of information among team members and lack of a shared Long-term View left the team without a foundation upon which to build a solid plan. More attention to the earlier steps of the Practice Model (teaming and assessing) would naturally have led to stronger planning.

### **Plan Implementation**

Plan Implementation rose 10 percentage points this year (from 79% to 89%). Most of the stories of cases with acceptable scores referred to the same three factors: timeliness of implementation, implementation of most or all of the designated services, and adaptation as needed. The following example is typical of these cases.

*Plan Implementation has been a positive factor in the case. Implementation of services has steadily moved forward. Services have been offered and adjusted as needed as plans changed and issues identified. Family involvement has been sought and encouraged throughout the case. For example, the mother was involved in the IEP, and the father has been asked to take responsibility for physical preparations for the reunification.*

Of the 72 cases reviewed there were only eight cases that received unacceptable scores on Plan Implementation. In those cases there was some key service that either had not been implemented,

or had been implemented but was ineffective. Just as timeliness and adaptation were factors in achieving acceptable scores, delayed implementation or lack of adaptation were factors in unacceptable scores as the following example illustrates.

*Services to address [the target child's] physical and mental health needs were put into place; however, when they began to fall apart, efforts to keep them functioning were either not made or were insufficient. Specifically, the recommendations of the nutritionist for follow-up were ignored by the grandmother, and the team did not intervene. The same occurred with [the target child's] therapy, which was truncated because of the provider agency's in-house difficulties. Their recommendation to seek therapy elsewhere was not followed by the team.*

### **Tracking and Adaptation**

Tracking and Adaptation rose substantially from 75% to 87%. One particularly important element of tracking is tracking the progress of parents in reunification cases. An example of effectively tracking the progress of the parents and making important adaptations that eventually led to successful outcomes was found in the following story excerpt.

*The worker has done a good job on tracking this case, especially considering that it is a voluntary case. He has had regular contact with the father and the great grandmother. He convened a team meeting immediately upon learning of the [father's] relapse in November. When father was still not responding by the end of December this was addressed with the father and at the father's suggestion a 30-day timeframe was imposed for him to come into compliance and get involved with drug court or a petition would be filed with the juvenile court. Father responded to this deadline by beginning drug court and contacting DWS within the next 30 days.*

There were nine cases that had unacceptable scores on Tracking and Adaptation. Six of these cases also had unacceptable scores on teaming. This points to the need for a team effort in tracking and adaptation; it is not something that the worker can accomplish alone. An example from one case where lack of teaming led to unacceptable tracking and adaptation follows.

*Information does not flow between team members because they are not connected and functioning as a team. Some team members know everything going on with the family, others know only their own piece. Because of this, they are not always responsive to the changing conditions in the family. Everyone had their own reasons for being involved with the family and they each had their own service that they were providing the family with. There was no continuity in planning, tracking and adaptation.*



## V. Recommendations for Practice Improvement

Each review week concludes with an Exit Conference that all reviewers, state administrators, region staff and administration are invited to attend. The exit conference is an opportunity for a conversation between the review teams, regional staff, and community stakeholders about the strengths observed during the review process and opportunities for continued practice improvement. Salt Lake Region exceeded all of the exit criteria on this review. Nonetheless, part of the purpose of each review is to identify areas where there is still room for polishing and refining practice.

### **PRACTICE IMPROVEMENT OPPORTUNITIES:**

#### TEAMING

- Team meetings could look less like agency staffings and be more family driven.
- Better communication between regions is needed on cases where the child is placed outside of the region.
- When a domestic violence perpetrator does not want to be involved in the case, consider whether they will return to the family and if so, keep them engaged.
- Schedule team meetings such that family members and informal supports are able to attend.
- Develop the team early in the life of the case.
- Include non-custodial father on the team.
- Help family members understand why they are important to the teaming process.

#### ASSESSMENT

- Assessment information that is known by some team members needs to be shared with all team members.
- Full assessment of educational needs requires that educators be included in teaming.
- When a child transfers to another agency within DHS, assure that sufficient information and history are shared with the department that is receiving the child.
- Capture the biological family's medical and mental health history before finalizing and adoption.

#### LONG-TERM VIEW

- Be cautious of closing cases too soon.
- Plans need to look beyond reunification to sustain success.
- Pay particular attention to capturing the long-term view in domestic violence cases.

#### TRANSITIONS

- Carefully plan changes in providers so the family doesn't experience a setback.
- Access special needs funds if necessary to maintain a therapist through a transition.
- Provide more details in the steps outlined to support a transition.

Reviewers also saw some opportunities to strengthen practice on an ongoing basis by providing ongoing support for supervisors and mentoring for workers.

In addition to the improvement opportunities identified by the reviewers, region staff members had some additional thoughts about what they believe would improve practice.

### REGION RECOMMENDATIONS

- Pay attention to addressing underlying needs in addition to the presenting symptoms.
- Look carefully at permanence for TAL clients.
- Examine how using detention as a punishment affects the child's stability.
- Help CPS workers realize they lay the foundation for the ongoing work.
- Continue to strengthen the reunification pilot project.
- Help clients look beyond the short term and see the path to success.
- Assure the team can work with both the perpetrator and the victim in domestic violence cases. Engage the offending parent while empowering the victim.
- Continue using Finishing Touches to help clarify workers' understanding of long-term view.

The reviewers identified a handful of system barriers that affected outcomes in some of the cases.

### SYSTEM BARRIERS

- Find a way to get residential treatment providers to work within the Practice Model.
- Find a way to maintain therapy for the child with the same therapist after they are reunified with their parents.
- Assure CBTU gets the IEP for the child even though the child lives outside the Salt Lake School District.
- Find way to expedite kinship placements in light of the Adam Walsh law.
- DCFS staff receive inadequate financial compensation for the job they do.
- More foster homes are needed, particular for certain classifications of children.
- The current culture that places excessive focus on QCR scores and high pressure on the workers is leading to losing sight of the practice.

## **VI. Summary**

Salt Lake Valley region passed the QCR for the first time in FY2004, then fell short the next two years. This year they passed it for the second time. Not only did they pass the review, they passed it with extremely high scores on many of the indicators.

When the region passed in FY2004 they were just over the threshold on their Overall System Performance Score (86%) and also on two of the core indicator scores (Child and Family Assessment at 71% and Long-term View at 70%). After falling short the next two years on

Overall System Performance and two or three of their core indicators, some wondered if the FY2004 scores were just a “fluke.”

Salt Lake Valley Region firmly put the concerns of doubters to rest this year. They far exceeded the exit criteria on both Overall Child Status (96%) and Overall System Performance (93%). Four of the core indicators achieved scores of 87% or higher. The two that remained in the seventieth percentile were still comfortably above the exit criteria. On every core indicator the region scored higher than they have ever scored before.

# **APPENDIX**

## I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provides for four monitoring processes. Those four processes are: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provides for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must achieve the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipates that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Family Foundation	Partnerships
Organizational Competence	Treatment Professionals	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*
- 5. Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
- 6. Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
- 7. Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to*

*be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*

8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### **III. The Qualitative Case Review Process**

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.



The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS),

and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

## **Reviewers**

The Child Welfare Group qualitative reviewers included professionals with extensive experience in child welfare and child mental health. Most of the reviewers had experience in the Alabama child welfare reform, as well as other reform and practice improvement initiatives around the United States. The Child Welfare Group has employed the QCR process in 11 different states. Utah reviewers “shadow” the Child Welfare Group reviewers as part of an organized reviewer training and certification process. These reviewers, once certified, become reviewers themselves and participate in subsequent reviews as part of the plan to develop and maintain internal capacity to sustain the review process. At this point, one half of the reviewer contingent ordinarily consists of Child Welfare Group reviewers and one half consists of certified Utah reviewers.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Child Welfare Group staff and Utah staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah’s child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations are briefly described in a separate section.